

To:
Blood Banks
Dispensing
Physicians
Federally Qualified
Health Centers
Pharmacies
HMOs and Other
Managed Care
Programs

Preferred Drug List Information for Dispensing Providers

The Preferred Drug List will be expanded for Wisconsin Medicaid and BadgerCare fee-for service and Wisconsin SeniorCare on January 1, 2005.

New Drug Classes

Beginning January 1, 2005, the Wisconsin Medicaid and BadgerCare fee-for-service and Wisconsin SeniorCare Preferred Drug List (PDL) will be expanded and preferred drugs will be added in several new therapeutic classes. Providers should refer to the table on page 4 of this *Wisconsin Medicaid and BadgerCare Update* for the new therapeutic classes.

Dispensing Provider Requirements for the Preferred Drug List

Dispensing providers should review the Wisconsin Medicaid Preferred Drug List Quick Reference in Attachment 1 of this *Update* for a list of preferred drugs. Preferred drugs do *not* require prior authorization (PA). Prescribers are encouraged to try more than one preferred drug, if medically appropriate for the recipient, before prescribing a non-preferred drug.

If a recipient presents a prescription to a dispensing provider for a non-preferred drug, the dispensing provider should contact the prescriber and discuss Medicaid preferred drug options.

If a non-preferred drug is medically necessary, the prescriber is required to complete and submit the appropriate Prior Authorization/ Preferred Drug List (PA/PDL) form to the dispensing provider and document that the recipient meets the clinical criteria requirements for PA approval indicated below. Prescribers and dispensing providers are required to retain a completed copy of the PA/PDL form.

Note: On and after January 1, 2005, Vytorin™ will be a preferred drug and Prevacid NapraPAC™ will be a non-preferred drug.

Clinical Criteria Requirements for Prior Authorization Approval

The clinical criteria for PA approval of a non-preferred drug are:

- A treatment failure with a preferred drug(s).
- A condition that prevents the use of a preferred drug(s).
- A clinically significant drug interaction with another medication and a preferred drug(s).
- An intolerable side effect experienced while on a preferred drug(s).

Submitting Prior Authorization Requests

Beginning December 16, 2004, prescribers may begin submitting the appropriate

PA/PDL form to dispensing providers for all therapeutic classes indicated in this *Update*, except for Proton Pump Inhibitor (PPI) drugs.

Dispensing providers may also begin obtaining PA on and after December 16, 2004, for the non-preferred drugs listed in this *Update*, except for the PPI drugs, using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or the paper PA process. Since PA may be obtained using the STAT-PA system, Wisconsin Medicaid should not receive PA/PDL forms unless the provider submits the PA request on paper.

In addition, dispensing providers may begin backdating STAT-PA requests up to 14 calendar days on and after December 16, 2004. Currently, the STAT-PA system restricts backdating to four calendar days.

The STAT-PA system can be accessed by calling (800) 947-1197 or (608) 221-2096. Paper PA requests can also be mailed to Wisconsin Medicaid at the following address:

Wisconsin Medicaid
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

Step Therapy

Proton Pump Inhibitor drugs and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) are subject to specific step therapy requirements. Providers should refer to Attachment 2 for step therapy instructions for PPI drugs and Attachment 5 for step therapy instructions for NSAIDs.

Step Therapy for Proton Pump Inhibitor Drugs

Proton Pump Inhibitor drugs on the PDL require step therapy. Step therapy requires a recipient to try and fail one or more preferred drugs before obtaining PA for a non-preferred drug. The preferred PPI drug is Prilosec OTC®.

On and after January 19, 2005, prescribers may begin submitting to dispensing providers the Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs form, HCF 11078 (Dated 12/04), for non-preferred PPI drugs. Current, approved PAs will be honored until their expiration date.

Dispensing providers should not submit PA requests for non-preferred PPI drugs for a SeniorCare participant until the participant has tried and failed Prilosec OTC®. The cost of a 30-day supply of Prilosec OTC® is comparable to the cost of a SeniorCare participant's copayment for a brand name drug.

Clinical criteria for approval of a non-preferred PPI drug includes the following:

- The trial and failure of, or adverse reaction to, a preferred PPI drug.
- If the recipient is a child weighing less than 20 kilograms.
- If the recipient is a pregnant woman.

Providers may refer to Attachments 3 and 4 for the Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs Completion Instructions, HCF 11078A (Dated 12/04), and a copy of the PA/PDL for PPI Drugs form.

Step Therapy for Non-Steroidal Anti-Inflammatory Drugs

Non-Steroidal Anti-Inflammatory Drugs on the PDL require the use of step therapy. Step

Dispensing providers may begin backdating STAT-PA requests up to 14 calendar days on and after December 16, 2004.

therapy requires a recipient to try and fail one or more preferred drugs before obtaining PA for a non-preferred drug.

Preferred drugs in the NSAID therapeutic class include the following:

- Diclofenac.
- Etodolac.
- Fenoprofen.
- Fluriprofen.
- Ibuprofen.
- Indomethacin.
- Ketoprofen.
- Ketorolac.
- Meclofenamate.
- Nabumetone.
- Naproxen.
- Oxaprozin.
- Piroxicam.
- Sulindac.
- Tolmetin.

Clinical criteria for approval of a non-preferred NSAID include the following:

- The trial and failure of, or an adverse reaction to, a preferred NSAID.
- Risk factors, including:
 - ✓ If the recipient is over 65 years of age.
 - ✓ If the recipient has a history of ulcers or gastrointestinal (GI) bleeding.
 - ✓ If the recipient is currently taking anticoagulants.
- If the recipient is receiving treatment for a chronic condition.

Prescribers are required to complete and submit to the dispensing provider a Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) form, HCF 11077 (Dated 12/04), for non-preferred NSAIDs. Prescribers may refer to Attachments 6 and 7 for the Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs

(NSAIDs) Completion Instructions, HCF 11077A (Dated 12/04), and a copy of the PA/PDL for NSAIDs form.

The PA/PDL forms and completion instructions are also available on the forms page of the Medicaid Web site at dhfs.wisconsin.gov/medicaid/ or by calling Provider Services at (800) 947-9627 or (608) 221-9883.

Emergency Medication Dispensing

Providers are reminded that an emergency medication supply may be dispensed in situations where the dispensing provider deems it is necessary.

When drugs are dispensed in an emergency situation, providers are required to submit a Noncompound Drug Claim form, HCF 13072 (Rev. 06/03), with a Pharmacy Special Handling Request form, HCF 13074 (Rev. 06/03), indicating the nature of the emergency. Medications dispensed in emergency situations do not require PA.

Send completed Noncompound Drug Claim forms and special handling requests to:

Wisconsin Medicaid
Pharmacy Special Handling
Ste 20
6406 Bridge Rd
Madison WI 53784-0020

For More Information

Changes to the PDL and the PDL implementation schedule will be posted to the pharmacy page of the Medicaid Web site at dhfs.wisconsin.gov/medicaid/pharmacy/. Providers may refer to the September 2004 *Update* (2004-76), titled "Dispensing Provider Information on the Wisconsin Medicaid

Providers are reminded that an emergency medication supply may be dispensed in situations where the dispensing provider deems it is necessary.

Preferred Drug List,” for additional information about non-preferred drugs.

Providers can also refer to the ePocrates Web site at www.epocrates.com/ to access and download the Wisconsin Medicaid PDL to their personal digital assistants (PDAs).

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients and SeniorCare participants also.

Wisconsin Medicaid, BadgerCare, and SeniorCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

PHC 1250

Therapeutic Class	Preferred Drug Name	
Angiotensin Converting Enzyme (ACE) inhibitor and calcium channel blocker combination drugs	Lexxel® Lotrel®	Tarka®
Antibiotic otic preparations	neomycin/polymixin/hydrocortisone Ciprodex®	Coly-mycin S® Floxin®
Antiviral drugs	acyclovir amantadine rimantadine HCl	Tamiflu® Valcyte™ Valtrex®
Beta-adrenergic blocking agents	acebutolol atenolol betaxolol bisoprolol Coreg® labetalol metoprolol	nadolol pindolol propranolol sotalol timolol Toprol XL®
Calcium channel blocker drugs	Cardizem LA® diltiazem Dynacirc® felodipine	nicardipine nifedipine Norvasc® Sular®
Cephalosporins and related agents (e.g., cephalosporins, second and third generation, penicillins)	amoxicillin/clavulanate Augmentin XR™ cefaclor cefadroxil	cefpodoxime cephalexin Omnicef® Spectracef®
Fluoroquinolones	Avelox® ciprofloxacin Cipro® XR	Levaquin® Noroxin® Tequin®
Macrolides and ketolides	erythromycin	Zithromax®
Oral antifungal drugs	clotrimazole fluconazole Grifulvin V® Suspension	griseofulvin ketoconazole Lamisil® Nystatin
Proton Pump Inhibitor (PPI) drugs	Prilosec OTC®	
Topical Immunomodulators	Elidel®	Protopic®

ATTACHMENT 1

Wisconsin Medicaid Preferred Drug List Quick Reference

The following table is the complete Medicaid Preferred Drug List (PDL) effective January 1, 2005.

Angiotension Converting Enzyme (ACE) inhibitor and calcium channel blocker drugs	
Lexxel	P*
Lotrel	P
Tarka	P

Angiotensin Receptor Blockers	
Cozaar	P
Diovan	P
Hyzaar	P
Micardis	P
Atacand	PA**
Avalide	PA
Avapro	PA
Benicar	PA
Teveten	PA

Antifungals, Oral	
Clotrimazole	P
Fluconazole	P
Grifulvin V	P
Ketoconazole	P
Lamisil	P
Nystatin	P
Ancobon	PA
Mycostatin	PA
Sporanox	PA
Vfend	PA

Antimigraine, Triptans	
Amerge	P
Axert	P
Imitrex	P
Frova	PA
Maxalt	PA
Relpax	PA
Zomig	PA

Antipsoriatics, Topical	
Elidel	P
Protopic	P

Antivirals	
Acyclovir	P
Amantadine	P
Rimantadine HCl	P
Tamiflu	P
Valcyte	P
Valtrex	P
Famvir	PA
Ganciclovir (Cytovene)	PA
Relenza	PA

Beta Blockers	
Acebutolol	P
Atenolol	P
Betaxolol	P
Bisoprolol	P
Coreg	P
Labetalol	P
Metoprolol	P
Nadolol	P
Pindolol	P
Propranolol	P
Sotalol	P
Timolol	P
Toprol XL	P
Cartrol	PA
Inderal LA	PA
Innopran XL	PA
Levitol	PA

Bone Resorption, Suppression, and Related Agents	
Actonel	P
Fosamax	P
Miacalcin	P
Didronel	PA
Evista	PA

Calcium Channel Blockers	
Cardizem LA	P
Diltiazem	P
Dynacirc	P
Felodipine ER	P
Nicardipine	P
Nifedipine	P
Norvasc	P
Sular	P
Verapamil	P
Cardene SR	PA
Covera-HS	PA
Nimotop	PA
Verelan PM	PA

Cephalosporins and Related Agents	
Amox TR-Potassium Clavulanate	P
Augmentin XR	P
Cefaclor	P
Cefadroxil	P
Cefpodoxime	P
Cefuroxime	P
Cephalexin	P
Omnicef	P
Spectracef	P
Cedax	PA
Cefzil	PA
Lorabid	PA
Panixine	PA
Raniclor	PA
Suprax	PA

Macrolides and Ketolides	
Erythromycin	P
Zithromax	P
Biaxin	PA
Ketek	PA

Corticosteroids, Nasal	
Flonase	P
Flunisolide	P
Nasarel	P
Nasonex	P
Beconase AQ	PA
Nasacort AQ	PA
Rhinocort Aqua	PA

Fluoroquinolones	
Avelox	P
Ciprofloxacin	P
Cipro XR	P
Levaquin	P
Noroxin	P
Tequin	P
Factive	PA
Maxaquin	PA
Ofloxacin (Floxin)	PA

*P = preferred drug.

**PA = non-preferred drug, prior authorization (PA) required.

Glucocorticoids, Inhaled	
Advair Diskus	P*
Aerobid	P
Azmacort	P
Flovent	P
Pulmicort Respules	P
Qvar	P
Pulmicort Turbuhaler	PA**

Hypoglycemics, Thiazolidinediones	
Actos	P
Avandia	P

Leukotriene Modifiers	
Accolate	P
Singulair	P

Lipotropics, Statins	
Altoprev	P
Crestor	P
Lescol	P
Lipitor	P
Lovastatin	P
Vytorin	P
Zocor	P
Caduet	PA
Pravachol	PA
Pravigard PAC	PA

Lipotropics, Other	
Advicor	P
Cholestyramine	P
Colestid	P
Gemfibrozil	P
Lofibra	P
Niacin	P
Niaspan	P
Zetia	P
Tricor	PA
Welchol	PA

*P = preferred drug.

**PA = non-preferred drug, prior authorization (PA) required.

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	
Diclofenac	P
Etodolac	P
Fenoprofen	P
Fluriprofen	P
Ibuprofen	P
Indomethacin	P
Ketoprofen	P
Ketorolac	P
Meclofenamate	P
Nabumetone	P
Naproxen	P
Oxaprozin	P
Piroxicam	P
Sulindac	P
Tolmetin	P
Arthrotec	PA
Bextra	PA
Celebrex	PA
Mobic	PA
Ponstel	PA
Prevacid NapraPAC	PA

Otics, Antibiotics	
Ciprodex	P
Coly-mycin S	P
Floxin	P
Neomycin/polymixin/hydrocortisone	P
Cipro HC	PA
Cortisporin-TC	PA

Proton Pump Inhibitor (PPI) Drugs	
Prilosec OTC	P
Aciphex	PA
Nexium	PA
Omeprazole (Prilosec)	PA
Prevacid	PA
Protonix	PA
Zegerid	PA

ATTACHMENT 2

Step Therapy Instructions for Proton Pump Inhibitor Drugs

Proton Pump Inhibitor (PPI) drugs on the Wisconsin Medicaid Preferred Drug List (PDL) require step therapy. Step therapy requires a recipient to try and fail one or more preferred drugs before obtaining prior authorization (PA) for a non-preferred drug. The preferred PPI drug is Prilosec OTC®.

Prescribers may begin submitting the Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs form, HCF 11078 (Dated 12/04), to dispensing providers for non-preferred PPI drugs on and after January 19, 2005. Current, approved PAs will be honored until their expiration date.

Dispensing providers should not submit PA requests for non-preferred PPI drugs for a SeniorCare participant until the participant has tried and failed Prilosec OTC®. The cost of a 30-day supply of Prilosec OTC® is comparable to the cost of a SeniorCare participant's copayment for a brand name drug.

Clinical criteria for approval of a non-preferred PPI drug includes the following:

- The trial and failure of, or adverse reaction to, a preferred PPI drug.
- If the recipient is a child weighing less than 20 kilograms.
- If the recipient is a pregnant woman.

Providers may refer to Attachments 3 and 4 of this *Wisconsin Medicaid and BadgerCare Update* for the Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs Completion Instructions, HCF 11078A (Dated 12/04), and a copy of the PA/PDL for PPI Drugs form.

ATTACHMENT 3

Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Completion Instructions

(A copy of the "Prior Authorization/Preferred Drug List [PA/PDL] for Proton Pump Inhibitor [PPI] Completion Instructions" is located on the following pages.)

**WISCONSIN MEDICAID
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)
FOR PROTON PUMP INHIBITOR (PPI) DRUGS
COMPLETION INSTRUCTIONS**

Wisconsin Medicaid requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible recipients. Although these instructions refer to Medicaid recipients, all information applies to BadgerCare recipients and SeniorCare participants.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or Medicaid payment for the services.

The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form and is formatted exactly like this form. Refer to the Pharmacy Handbook for service restrictions and additional documentation requirements. Provide enough information for Wisconsin Medicaid, BadgerCare, or SeniorCare to make a reasonable judgment about the case. Prescribers and dispensing physicians are required to retain a completed copy of the form.

Prescribers are required to complete and sign the the Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs. Dispensing providers (e.g., pharmacies, dispensing physicians, federally qualified health centers, blood banks) are required to use the PA/PDL for PPI Drugs to request PA by using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or by submitting a paper PA request.

Providers may submit PA requests on a PA/PDL form in one of the following ways:

- For STAT-PA requests, dispensing providers should call (800) 947-1197 or (608) 221-2096.
- For paper PA requests by fax, dispensing providers may fax the forms to Wisconsin Medicaid at (608) 221-8616.
- For paper PA requests by mail, dispensing providers should submit a Prior Authorization Request Form (PA/RF) and the appropriate PA/PDL form to the following address:

Wisconsin Medicaid
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

SECTION I — RECIPIENT INFORMATION

Element 1 — Name — Recipient

Enter the recipient's last name, followed by his or her first name and middle initial. Use the Eligibility Verification System (EVS) to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Date of Birth — Recipient

Enter the recipient's date of birth in MM/DD/YYYY format (e.g., September 8, 1996, would be 09/08/1996).

Element 3 — Recipient Medicaid Identification Number

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters.

SECTION II — PRESCRIPTION INFORMATION

If this section is completed, providers do not need to include a copy of the prescription documentation used to dispense the product requested.

Element 4 — Drug Name

Enter the drug name.

Element 5 — Strength

Enter the strength of the drug listed in Element 4.

Element 6 — Date Prescription Written

Enter the date the prescription was written.

Element 7 — Directions for Use

Enter the directions for use of the drug.

Element 8 — Diagnosis — Primary Code and/or Description

Enter the appropriate *International Classification of Diseases, Ninth Edition, Clinical Modification* (ICD-9-CM) diagnosis code and/or description most relevant to the drug or biologic requested. The ICD-9-CM diagnosis code must match the ICD-9-CM description. The diagnosis code for PPIs must be one of the PPI-approved codes.

Element 9 — Name — Prescriber

Enter the name of the prescriber.

Element 10 — Drug Enforcement Agency Number

Enter the nine-character Drug Enforcement Agency (DEA) number of the prescribing provider. This number must be two alpha characters followed by seven numeric characters. If the DEA number cannot be obtained or the prescriber does not have a DEA number, use one of the following default codes:

XX5555555 — Prescriber's DEA number cannot be obtained.

XX9999991 — Prescriber does not have a DEA number.

These default codes must *not* be used for prescriptions for controlled substances.

Element 11 — Address — Prescriber

Enter the complete address of the prescriber's practice location, including the street, city, state, and zip code.

Element 12 — Telephone Number — Prescriber

Enter the telephone number, including the area code, of the office, clinic, facility, or place of business of the prescriber.

SECTION IIIA — CLINICAL INFORMATION FOR PROTONIX

Include diagnostic, as well as clinical information, explaining the need for the product requested. In Elements 13 and 14, check "yes" to all that apply.

Element 13

Check the appropriate box to indicate if the recipient has experienced treatment failure or has had an adverse reaction with Prilosec OTC[®]. If yes, indicate the failed drug(s) or adverse reaction that can be directly attributed to Prilosec OTC[®] and the dates the drug(s) was taken.

Element 14

Check the appropriate box to indicate if the recipient is a pregnant woman or a child who weighs less than 20 kilograms. If yes, indicate which condition the recipient has.

SECTION IIIB — CLINICAL INFORMATION FOR NON-PREFERRED PPIs

Element 15

Check the appropriate box to indicate if the recipient has experienced treatment failure or has had an adverse reaction with Prilosec OTC[®] and Protonix[®]. If yes, indicate the failed drug(s) or adverse reaction that can be directly attributed to Prilosec OTC[®] and Protonix[®] and the dates the drug(s) was taken.

Element 16 — Signature — Prescriber

The prescriber is required to complete and sign this form.

Element 17 — Date Signed

Enter the month, day, and year the PA/PDL for PPI Drugs was signed (in MM/DD/YYYY format).

SECTION IV — DISPENSING PROVIDERS USING STAT-PA

Element 18 — National Drug Code

Enter the appropriate 11-digit National Drug Code (NDC) for each drug or biologic.

Element 19 — Days' Supply Requested

Enter the requested days' supply.

Element 20 — Wisconsin Medicaid Provider Number

Enter the provider's eight-digit Wisconsin Medicaid provider number.

Element 21 — Date of Service

Enter the requested first date of service (DOS) for the drug or biologic. For STAT-PA requests, the DOS may be up to 31 days in the future or up to 14 days in the past.

Element 22 — Place of Service

Enter the appropriate National Council for Prescription Drug Programs (NCPDP) patient location code designating where the requested item would be provided/performed/dispensed.

Code	Description
00	Not specified
01	Home
04	Long Term/Extended care
07	Skilled Care Facility
10	Outpatient

Element 23 — Assigned Prior Authorization Number

Indicate the seven-digit PA number assigned by the STAT-PA system.

Element 24 — Grant Date

Indicate the date the PA was approved by the STAT-PA system.

Element 25 — Expiration Date

Indicate the date the PA expires as assigned by the STAT-PA system.

Element 26 — Number of Days Approved

Indicate the number of days for which the STAT-PA request was approved by the STAT-PA system.

SECTION V — ADDITIONAL INFORMATION

Element 27

Indicate any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the product requested may also be included here.

ATTACHMENT 4
Prior Authorization/Preferred Drug List (PA/PDL) for
Proton Pump Inhibitor (PPI) Drugs

(A copy of the "Prior Authorization/Preferred Drug List [PA/PDL] for Proton Pump Inhibitor [PPI] Drugs" is located on the following pages.)

**WISCONSIN MEDICAID
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)
FOR PROTON PUMP INHIBITOR (PPI) DRUGS**

INSTRUCTIONS: Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs Completion Instructions (HCF 11078A).

Dispensing providers are required to have a completed PA/PDL for PPI Drugs form signed by the prescriber before calling Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) or submitting a paper PA request.

SECTION I — RECIPIENT INFORMATION

1. Name — Recipient (Last, First, Middle Initial)	2. Date of Birth — Recipient
3. Recipient Medicaid Identification Number	

SECTION II — PRESCRIPTION INFORMATION

4. Drug Name	5. Strength
6. Date Prescription Written	7. Directions for Use
8. Diagnosis — Primary Code and/or Description (The diagnosis code must be one of the PPI-approved codes.*)	
9. Name — Prescriber	10. Drug Enforcement Agency Number
11. Address — Prescriber (Street, City, State, Zip Code)	
12. Telephone Number — Prescriber	

SECTION IIIA — CLINICAL INFORMATION FOR PROTONIX

13. Has the recipient tried and failed Prilosec OTC[®] or had an adverse drug reaction? Yes No
If yes, what adverse reaction has the recipient experienced that can be directly attributed to Prilosec OTC[®]?

14. Is the recipient a pregnant woman or a child who weighs less than 20 kilograms? Yes No

SECTION IIIB — CLINICAL INFORMATION FOR NON-PREFERRED PPIs

15. Has the recipient tried and failed Prilosec OTC[®] and Protonix[®] or had an adverse drug reaction? Yes No
If yes, what adverse reactions did the recipient experience that can be directly attributed to Prilosec OTC[®] and Protonix[®]?

16. SIGNATURE — Prescriber	17. Date Signed
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Continued

SECTION IV — DISPENSING PROVIDERS USING STAT-PA

18. National Drug Code (11 digits)		19. Days' Supply Requested**
20. Wisconsin Medicaid Provider Number (Eight digits)		
21. Date of Service (MM/DD/YYYY) (For STAT-PA requests, the date of service may be up to 31 days in the future and / or up to 14 days in the past.)		
22. Place of Service (Patient Location) (Use patient location code "00" [Not specified], "01" [Home], "04" [Long Term/Extended Care], "07" [Skilled Care Facility], or "10" [Outpatient])		
23. Assigned Prior Authorization Number (Seven digits)		
24. Grant Date	25. Expiration Date	26. Number of Days Approved

*PPI-approved codes are:
E9356 NSAID induced gastric ulcer
NSAID induced duodenal ulcer
4186 H. Pylori infection
2515 Zollinger-Ellison syndrome
53019 Erosive esophagitis
53081 Gastroesophageal reflux (GERD)
5368 Gastric hypersecretory conditions

**Days' supply requested equals the total number of days requested for the PA. For example, for a one-year PA, providers should enter "365."

SECTION V — ADDITIONAL INFORMATION

27. Include any additional information in the space below. For example, providers may include that this PA request is being submitted for a recipient who was granted retroactive eligibility by Wisconsin Medicaid, BadgerCare, or SeniorCare.

ATTACHMENT 5

Step Therapy Instructions for Non-Steroidal Anti-Inflammatory Drugs

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) on the Wisconsin Medicaid Preferred Drug List (PDL) require the use of step therapy. Step therapy requires a recipient to try and fail one or more preferred drugs before obtaining prior authorization (PA) for a non-preferred drug.

Preferred drugs in the NSAID therapeutic class include the following:

- Diclofenac.
- Etodolac.
- Fenoprofen.
- Fluriprofen.
- Ibuprofen.
- Indomethacin.
- Ketoprofen.
- Ketorolac.
- Meclofenamate.
- Nabumetone.
- Naproxen.
- Oxaprozin.
- Piroxicam.
- Sulindac.
- Tolmetin.

Clinical criteria for approval of a non-preferred NSAID include the following:

- The trial and failure of, or an adverse reaction to, a preferred NSAID.
- Risk factors, including:
 - ✓ If the recipient is over 65 years of age.
 - ✓ If the recipient has a history of ulcers or gastrointestinal (GI) bleeding.
 - ✓ If the recipient is currently taking anti-coagulants.
- If the recipient is receiving treatment for a chronic condition.

Prescribers are required to complete and submit to the dispensing provider a Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) form, HCF 11077 (Dated 12/04), for non-preferred NSAIDs. Prescribers may refer to Attachments 6 and 7 of this *Wisconsin Medicaid and BadgerCare Update* for the Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Completion Instructions, HCF 11077A (Dated 12/04), and a copy of the PA/PDL for NSAIDs form.

ATTACHMENT 6
Prior Authorization/Preferred Drug List (PA/PDL) for
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
Completion Instructions

(A copy of the "Prior Authorization/Preferred Drug List [PA/PDL] for Non-Steroidal Anti-Inflammatory Drugs [NSAIDs] Completion Instructions" is located on the following pages.)

**WISCONSIN MEDICAID
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)
FOR NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)
COMPLETION INSTRUCTIONS**

Wisconsin Medicaid requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible recipients. Although these instructions refer to Medicaid recipients, all information applies to BadgerCare recipients and SeniorCare participants.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or Medicaid payment for the services.

The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form and is formatted exactly like this form. Refer to the Pharmacy Handbook for service restrictions and additional documentation requirements. Provide enough information for Wisconsin Medicaid, BadgerCare, or SeniorCare to make a reasonable judgment about the case. Prescribers and dispensing physicians are required to retain a completed copy of the form.

Prescribers are required to complete and sign the Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). Dispensing providers (e.g., pharmacies, dispensing physicians, federally qualified health centers, blood banks) are required to use the PA/PDL for NSAIDs form to request PA by using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or by submitting a paper PA request.

Providers may submit PA requests on a PA/PDL form in one of the following ways:

- For STAT-PA requests, dispensing providers should call (800) 947-1197 or (608) 221-2096.
- For paper PA requests by fax, dispensing providers may fax the forms to Wisconsin Medicaid at (608) 221-8616.
- For paper PA requests by mail, dispensing providers should submit a Prior Authorization Request Form (PA/RF) and the appropriate PA/PDL form to the following address:

Wisconsin Medicaid
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

SECTION I — RECIPIENT INFORMATION

Element 1 — Name — Recipient

Enter the recipient's last name, followed by his or her first name and middle initial. Use the Eligibility Verification System (EVS) to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Date of Birth — Recipient

Enter the recipient's date of birth in MM/DD/YYYY format (e.g., September 8, 1996, would be 09/08/1996).

Element 3 — Recipient Medicaid Identification Number

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters.

SECTION II — PRESCRIPTION INFORMATION

If this section is completed, providers do not need to include a copy of the prescription documentation used to dispense the product requested.

Element 4 — Drug Name

Enter the drug name.

Element 5 — Strength

Enter the strength of the drug listed in Element 4.

Element 6 — Date Prescription Written

Enter the date the prescription was written.

Element 7 — Directions for Use

Enter the directions for use of the drug.

Element 8 — Diagnosis — Primary Code and/or Description

Enter the appropriate *International Classification of Diseases, Ninth Edition, Clinical Modification* (ICD-9-CM) diagnosis code and/or description most relevant to the drug or biologic requested. The ICD-9-CM diagnosis code must match the ICD-9-CM description.

Element 9 — Name — Prescriber

Enter the name of the prescriber.

Element 10 — Drug Enforcement Agency Number

Enter the nine-character Drug Enforcement Agency (DEA) number of the prescribing provider. This number must be two alpha characters followed by seven numeric characters. If the DEA number cannot be obtained or the prescriber does not have a DEA number, use one of the following default codes:

XX5555555 — Prescriber's DEA number cannot be obtained.

XX9999991 — Prescriber does not have a DEA number.

These default codes must *not* be used for prescriptions for controlled substances.

Element 11 — Address — Prescriber

Enter the complete address of the prescriber's practice location, including the street, city, state, and zip code.

Element 12 — Telephone Number — Prescriber

Enter the telephone number, including the area code, of the office, clinic, facility, or place of business of the prescriber.

SECTION IIIA — CLINICAL INFORMATION FOR NSAID COX-2

Include diagnostic, as well as clinical information, explaining the need for the product requested. In Elements 13 through 15, check "yes" to all that apply.

Element 13

Check the appropriate box to indicate if the recipient has experienced treatment failure or has had an adverse reaction with a preferred generic NSAID. If yes, indicate the failed drug(s) or adverse reaction and the dates the drug(s) was taken.

Element 14

Check the appropriate box to indicate if the recipient has a chronic non-acute condition(s). If yes, indicate the condition(s) the NSAID is prescribed to treat.

Element 15

Check the appropriate box to indicate if the recipient has any of the following risk factors: age over 65, a history of ulcer or gastrointestinal (GI) bleeding, or currently taking anti-coagulants. If yes, indicate the risk factor below.

SECTION IIIB — CLINICAL INFORMATION FOR NSAID NON-COX-2

Element 16

Check the appropriate box to indicate if the recipient has experienced treatment failure or has had an adverse reaction with a preferred generic NSAID. If yes, indicate the failed drug(s) or adverse reaction and the dates the drug(s) was taken.

SECTION IIIC — CLINICAL INFORMATION FOR NON-PREFERRED NSAIDS

Element 17

Check the appropriate box to indicate if the recipient has experienced treatment failure or has had an adverse reaction with the preferred generic NSAID(s) and either a COX-2, Mobic®, or Ponstel®. If yes, indicate the failed drug(s) or adverse reaction and the dates the drug(s) was taken.

Element 18 — Signature — Prescriber

The prescriber is required to complete and sign this form.

Element 19 — Date Signed

Enter the month, day, and year the PA/PDL for NSAIDs form was signed (in MM/DD/YYYY format).

SECTION IV — FOR DISPENSING PROVIDERS USING STAT-PA

Element 20 — National Drug Code

Enter the appropriate 11-digit National Drug Code (NDC) for each drug or biologic.

Element 21 — Days' Supply Requested

Enter the requested days' supply.

Element 22 — Wisconsin Medicaid Provider Number

Enter the provider's eight-digit Wisconsin Medicaid provider number.

Element 23 — Date of Service

Enter the requested first date of service (DOS) for the drug or biologic. For STAT-PA requests, the DOS may be up to 31 days in the future or up to 14 days in the past.

Element 24 — Place of Service

Enter the appropriate National Council for Prescription Drug Programs (NCPDP) patient location code designating where the requested item would be provided/performed/dispensed.

Code	Description
00	Not specified
01	Home
04	Long Term/Extended care
07	Skilled Care Facility
10	Outpatient

Element 25 — Assigned Prior Authorization Number

Indicate the seven-digit PA number assigned by the STAT-PA system.

Element 26 — Grant Date

Indicate the date the PA was approved by the STAT-PA system.

Element 27 — Expiration Date

Indicate the date the PA expires as assigned by the STAT-PA system.

Element 28 — Number of Days Approved

Indicate the number of days for which the STAT-PA request was approved by the STAT-PA system.

SECTION V — ADDITIONAL INFORMATION

Element 29

Indicate any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the product requested may also be included here.

ATTACHMENT 7
Prior Authorization/Preferred Drug List (PA/PDL) for
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

(A copy of the "Prior Authorization/Preferred Drug List [PA/PDL] for Non-Steroidal Anti-Inflammatory Drugs [NSAIDs]" is located on the following pages.)

**WISCONSIN MEDICAID
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)
FOR NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)**

INSTRUCTIONS: Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Completion Instructions (HCF 11077A).

Dispensing providers are required to have a completed PA/PDL for NSAIDs form signed by the prescriber before calling Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) or submitting a paper PA request.

SECTION I — RECIPIENT INFORMATION

1. Name — Recipient (Last, First, Middle Initial)	2. Date of Birth — Recipient
3. Recipient Medicaid Identification Number	

SECTION II — PRESCRIPTION INFORMATION

4. Drug Name	5. Strength
6. Date Prescription Written	7. Directions for Use
8. Diagnosis — Primary Code and/or Description	
9. Name — Prescriber	10. Drug Enforcement Agency Number
11. Address — Prescriber (Street, City, State, Zip Code)	
12. Telephone Number — Prescriber	

SECTION IIIA — CLINICAL INFORMATION FOR NSAID COX-2

13. Has the recipient tried and failed on a preferred generic NSAID or had an adverse drug reaction? Yes No
If yes, what preferred generic NSAID(s) has failed or what adverse reaction has the recipient experienced?

14. Is the NSAID being prescribed for a chronic, non-acute condition? Yes No
What condition is the NSAID being prescribed to treat?

15. Does the recipient have any of the following risk factors: age over 65, a history of ulcer or gastrointestinal (GI) bleeding, or currently taking anti-coagulants? Yes No
If yes, indicate the risk factor below.

SECTION IIIB — CLINICAL INFORMATION FOR NSAID NON-COX-2

16. Has the recipient tried and failed on a preferred generic NSAID or had an adverse drug reaction? Yes No
If yes, what preferred generic NSAID(s) has failed or what adverse reaction has the recipient experienced?

SECTION IIIC — CLINICAL INFORMATION FOR NON-PREFERRED NSAID

17. Has the recipient tried and failed on or had an adverse reaction to a preferred generic NSAID and either a COX-2, Mobic®, or Ponstel®? Yes No
If yes, what preferred generic NSAID and COX-2, Mobic®, or Ponstel® have failed or what adverse reaction has the recipient experienced?

18. **SIGNATURE** — Prescriber

19. Date Signed

SECTION IV — FOR DISPENSING PROVIDERS USING STAT-PA

20. National Drug Code (11 digits)

21. Days' Supply Requested*

22. Wisconsin Medicaid Provider Number (Eight digits)

23. Date of Service (MM/DD/YYYY) (For STAT-PA requests, the date of service may be up to 31 days in the future and / or up to 14 days in the past.)

24. Place of Service (Patient Location) (Use patient location code "00" [Not specified], "01" [Home], "04" [Long Term/Extended Care], "07" [Skilled Care Facility], or "10" [Outpatient])

25. Assigned Prior Authorization Number (Seven digits)

26. Grant Date

27. Expiration Date

28. Number of Days Approved

*Days' supply requested equals the total number of days requested for the PA. For example, for a one-year PA, providers should enter "365."

SECTION V — ADDITIONAL INFORMATION

29. Include any additional information in the space below. For example, providers may include that this PA request is being submitted for a recipient who was granted retroactive eligibility by Wisconsin Medicaid, BadgerCare, or SeniorCare.